METHAMPHETAMINE 102: INTRODUCTION TO EVIDENCE-BASED TREATMENTS

Foundations of Treatment Richard Rawson, Ph.D. Thomas Freese, Ph.D. Integrated Substance Abuse Programs, University of California, Los Angeles **Documented Medical Approaches Tested Medications Successful Medications** imiparamine fluoxetine (Prozac) • maprotiline (Lumiomil) gepirone amantadine bromocriptine bupropion tyrosine **NIDA Therapy Manuals** for Drug Addiction Behavioral and cognitive treatment approaches proven effective through research Manual 1: A Cognitive-Behavioral Approach: Treating Cocaine Addiction Manual 2: A Community Reinforcement Plus Vouchers Approach: Treating Cocaine Addiction Manual 3: An Individual Counseling Approach to Treat Cocaine Addiction: The Collaborative Cocaine Treatment Study Model **Empirically Demonstrating** Treatment Efficacy Gold standard requires randomized clinical trial • Research has focused on both psychosocial and pharmacological treatments for stimulant abuse disorders • Research on cocaine users extrapolated to MA and other stimulant users

Cognitive Behavioral Therapy/Relapse Prevention

- Systematically teaching clients refusal and problem-solving skills, and to cope with craving
- Functional analyses of substance use
- Examining substance use cognitions
- Identifying high-risk situations
- Encouraging extra-session implementation of skills
- Practicing skills during sessions

Contingency Management

- Incentives to increase retention and abstinence
- Used independently from Community Reinforcement
- Incentives have included: gold stars, restaurant coupons, inexpensive gifts,points, scheduling perks

Community Reinforcement Approach + Voucher

- Refusal skills training
- Individualized treatment promoting lifestyle change and social skills (marriage, employment, social networks, recreational, self-help)
- Incentives to increase retention and abstinence

Motivational Interviewing

- Express empathy
- Develop discrepancy
- Avoid argumentation
- Support self-efficacy